

Environmental and Public Protection Cabinet

Office of Housing, Buildings and Construction
Office of Fire Prevention
Fire Protection Systems
101 Sea Hero Road Suite 100
Frankfort, Kentucky 40601-5405
Phone 502-573-0385
Fax 502-573-1598

Renewal Application for Sprinkler Systems Certification

SSR#		
Applicant	Employer/Business	
Name:Address:	Name:Street Address:	
City:	P.O. Box NoZip: City:County State:Zip: Phone: () Federal I.D. #: E-Mail Address:	/:
Height; Weight; Color of Eyes		
() Send Mail to Home Address	() Send Mail to Business Address	S
Enclose <u>Passport</u> Size <u>Color</u> Photograph For Identifica	tion Card Use.	
Enclose a Check or Money Order Made Payable to AKent Dollars (\$50.00) For Each Classification.	tucky <u>State</u> <u>Treasurer</u> ≅. <u>Send No Cash</u> !	Renewal Fee Is: Fifty
N	OTE	
(Initial) I am not in default of any student loans be Authority). I understand that if I am in default of any student Sprinkler Systems Certification at this time.		
(Initial) I confirm that all information contained of my knowledge.	on and submitted with this application is c	urrent and true to the bes
**This application will not be accepted without the required	d signatures and initials.	
Deceptive or misleading statements by the applicant shall be grounds to revoke or suspend a certification if issued.	pe grounds for denial or shall be	
SIGNATURE:	Date:	Picture Size
NUINA LUKE:	Date:	

